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	15G699	A. BUILDING 00 B. WING	01/25/2013

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ARC OF NORTHWEST INDIANA INC, THE	6101 HAYES ST MERRILLVILLE, IN 46410

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W0000	This visit was for an extended recertification and state licensure survey (Client Protections and Health Care Services). Dates of Survey: 1/14, 1/15, 1/16, 1/17 and 1/25/13 Facility Number: 003132 Provider Number: 15G699 AIMS Number: 200372010 Surveyors: Paula Chika, Medical Surveyor III-Team Leader Christine Colon, Medical Surveyor III These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/31/13 by Ruth Shackelford, Medical Surveyor III.	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the clients' living room couches were cleaned and/or replaced due to urine odor. The governing body failed to exercise general policy and operating direction over the facility to develop written policies and/or procedures/rules regarding staff living in a group home where clients resided, and/or a policy and procedure which addressed visitors being in a group home where the clients lived and a staff person resided to ensure the protection of the clients. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility did not neglect clients and/or implement its policy and procedures to conduct thorough investigations. The governing body failed to exercise general policy and operating direction over the	W0104	The couches in the living room will be cleaned within the allotted time frame. To ensure future compliance, Area Manager will have couches cleaned as needed.Policies and procedures are in place which addresses visitors being in a group home where clients live and where staff lives.To ensure future compliance, Area Manager has addressed this policy with staff.Client #2 ISP will be modified to address his urinating on himself and other objects. To ensure future compliance, client issues will be addressed at annual meetings.The Nursing manager has implement wound tracking records and repositioning charts at the group home. Repositioning charts were also sent to the day service program. To ensure future compliance, records will be monitored at least monthly. See W - 149Service Coordinator will train group home staff on closing doors while clients are building and/or changing clothes.To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months then monthly thereafter.See W154, W331, W322, W336, W342, W369	02/24/2013

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	facility to ensure its health care services met the health and nursing needs of clients. Findings include: 1. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, there were 2 cars in the driveway which were frosted over upon arrival to the home at 5:30 AM. One staff (staff #2) was seen working at the group home as staff #2 was assisting client #2. No other staff was observed in the group home. At 5:47 AM, the surveyor walked to the front of the house. The surveyor ran into staff #1 standing in dining room area in a gown which exposed the staff's breast and an unidentified male coming from a door located off the dining room. The unidentified male walked quickly to the back door and exited out the door. Interview with staff #1 on 1/15/13 at 5:49 AM stated "I thought someone was here." Staff #1 returned to the room/door off the dining room and closed the door. During the above mentioned observation period, clients #1, #2, #3 and #4 were in the group home in their bedrooms. At 6:20 AM, staff #1 came out of a door located off the dining room dressed for the day and started working. Interview with Program Coordinator (PC)			

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	#1 on 1/15/13 at 1:50 PM indicated clients #1, #2, #3 and #4 lived at the group home. PC #1 indicated at night, there were 2 staff in the group home, one awake and one asleep. When asked who should be in the group home at night, PC #1 indicated the clients and staff. When asked if others/visitors should be in the group home, PC #1 indicated she did not think so. When asked if the facility had a policy in regard to visitors, PC #1 indicated the question would need to be directed to administrative staff #3. Interview with PC #1 and administrative staff #3 on 1/15/12 at 3:10 PM indicated only the clients and the awake and asleep staff should be at the group home at night. Administrative staff #3 indicated staff #1 was off the clock from 10 PM to 6 AM. Administrative staff #3 further indicated staff #1 lived at the group home where clients #1, #2, #3 and #4 lived. Administrative staff #3 stated "It's her (staff #1's) place of residence." When asked if staff #1 paid rent, administrative staff #3 stated "No. It's part of the perks." When asked when staff #1 could have visitors, administrative staff #3 and PC #1 indicated when the clients were not at the group home during the day. Administrative staff #3 again indicated it was staff #1's place of residence. When asked if the facility had a policy and			

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	procedure which addressed a staff living in the group home and/or when visitors were allowed in a group where a staff and clients resided, administrative staff #3 indicated she thought there was a policy. Administrative staff #3 did not provide a written policy and procedure in regard to staff residing in a group home and/or visitors allowed in a group home where clients and/or staff resided. Interview with staff #1 on 1/15/13 at 3:46 PM stated the unidentified male, seen on 1/15/13 at the group home, was a neighbor who came to the side door "to get keys." 2. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, 2 couches were located in the living room. When near both couches, the couches had a strong odor/smell. Interview with staff #2 on 1/15/13 at 8:22 AM stated the smell on the couches was "urine." Staff #2 stated "[Client #2] lays on couch and urinates." When asked how often the couches were cleaned, staff #2 stated "We wipe off and air out." Client #2 record was reviewed on 1/15/13 at 11:30 AM. Client #2's 12/12 Individual Support Plan did not indicate client #2 urinated on himself and/or			

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	objects. Interview with PC #1 on 1/15/13 at 1:50 PM indicated she was not aware the couches at the group home had a urine odor from client #2 urinating on the couches. 3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client #1 in regard to the use/care of a Foley Catheter. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of a wound on client #1's foot/ankle. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures in regard to conducting investigations and/or thorough investigations of possible neglect for clients #2 and #3. Please see W149. 4. The governing body failed to exercise general policy and operating direction over the facility to protect client #2 and #3's privacy when in the bathroom and/or bathing. Please see W130.			

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	5. The governing body failed to exercise general policy and operating direction over the facility to provide evidence and/or conduct thorough investigations for clients #2 and #3. Please see W154. 6. The governing body failed to exercise general policy and operating direction over the facility to ensure its health care services met the health care/nursing needs of clients in regard to assessing, monitoring a client for possible head injury and to ensure a client obtained a physical examination. The governing body failed to exercise general policy and operating direction over the facility to ensure its health care services ensured staff called a nurse when a client's health status changed, updated a client's risk plan for a Foley Catheter, and to ensure staff were adequately trained in regard to the care and use of the Foley Catheter. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services assessed, monitored and/or addressed a wound on a client's ankle/foot, obtained recommended doctor appointments and/or assessed client's injuries as needed for clients #1, #2 and #3. Please see W331. 7. The governing body failed to exercise general policy and operating direction over the facility to ensure its health care			

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	services followed up exams as recommended by the physicians for client #3. Please see W322. 8. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's health care services conducted quarterly nursing assessments in a timely fashion for clients #1 and #2. Please see W336. 9. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's health care services adequately trained staff in regard to client #1's Foley Catheter. Please see W342. 10. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility administered client #2's medication without error. Please see W369. 9-3-1(a)			

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W0122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 2 of 2 sampled clients (#1 and #2) and for 1 additional client (#3). The facility failed to implement policy and procedures to prevent neglect of clients in regard to the care of a Foley Catheter, a wound on a client's ankle/foot and in regard to assessing a client's injury and/or conducting a thorough investigation in regard to possible allegations of neglect/abuse. Findings include: 1. The facility failed to implement its policy and procedures to prevent neglect of client #1 in regard to the use/care of a Foley Catheter. The facility neglected to implement its written policy and procedures to prevent neglect of a wound on client #1's foot/ankle. The facility failed to implement its written policy and procedures in regard to conducting investigations and/or thorough investigations of possible neglect for clients #2 and #3. Please see W149. 2. The facility failed to protect client #2 and #3's privacy when in the bathroom	W0122	The Nurse manager has written guidelines put in place for the use of Foley Drainage equipment. Client is no longer using a Foley catheter. Wound tracking and repositioning records are in place.To ensure future compliance, staff will be trained as needed. Investigations will be conducted if any neglect is suspected.	02/24/2013

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	and/or bathing. Please see W130. 3. The facility failed to provide evidence and/or conduct thorough investigations for clients #2 and #3. Please see W154. 9-3-2(a)			

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W0130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 1 of 2 sampled clients (#2) and for 1 additional client (#3), the facility failed to protect the clients' privacy when in the bathroom and/or bathing. Findings include: During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, client #2 stood in the bathroom naked playing in water at the bathroom sink. Staff #2, who walked past the bathroom 3 times did not prompt and/or encourage client #2 to close the door, and/or close the door to protect the client's privacy. At 6:35 AM, staff #2 showered client #3 with the door open before closing the bathroom door three fourths of the way. Interview with Program Coordinator (PC) #1 on 1/15/13 at 1:50 PM indicated facility staff should protect clients' privacy by closing the bathroom door. 9-3-2(a)	W0130	Service Coordinator will train group home staff on closing doors while clients are bathing and/or changing clothes.To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months, then monthly thereafter.	02/24/2013

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W0149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 1 additional client (#3), the facility neglected to implement its written policy and procedures to prevent neglect of client #1 in regard to the use/care of a Foley Catheter. The facility neglected to implement its written policy and procedures to prevent neglect of a wound on client #1's foot/ankle. The facility neglected to implement its written policy and procedures in regard to conducting investigations and/or thorough investigations of possible neglect for clients #2 and #3. Findings include: 1. The facility's reportable incident reports and/or investigations were reviewed on 1/14/13 at 12:03 PM. The facility's 1/7/13 reportable incident report indicated "Consumer (client #1) was seen as a walk-in patient at [name of doctor] office after being seen by MD (medical doctor). Consumer was then direct admit to the hospital. Consumer was a direct admit to [name of Hospital] for evaluation and treatment of difficult urinating. He had a stat bladder scan done for urinary	W0149	The Nursing manager has written guidelines and a risk plan for Foley catheters.To ensure future compliance, training records will be reviewed as needed to make sure all staff are trained.	02/24/2013

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	retention. Foley catheter was put into place to relieve pressure of consumer's bladder. He remains in the hospital (sic) duration is unknown at this time." Client #1's record was reviewed on 1/15/13 at 11:31 AM. Client #1's 1/8/13 hospital Confidential Medication Information Enclosed record indicated client #1 was admitted to the hospital as the client could not urinate on 1/7/13. The sheet indicated client #1 was discharged back to the group home with a Foley Catheter. The 1/7/13 Urology Consult Note indicated "Reason for Consult chronic urinary retention in this patient with a saphenous (nerve/vein) dementia, Down syndrome and seizure disorder...Assessment 1. the patient was admitted with acute chronic urinary retention that the renal function parameters normal (sic). He has a history of dementia/Down's syndrome and possible bladder outlet obstruction. Plan 1. with (sic) consider cystoscopy and possible greenlight laser photo selective vaporization of the prostate. Additional recommendations to follow." Client #1's 1/7/13 Bladder Volume Echo indicated "...Mild thickening of the bladder wall with sludge within the			

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	urinary bladder. The patient did not void for this exam." Client #1's 1/9/13 Discharge Summary indicated client #1 was discharged on 1/9/13 and returned to the group home. The discharge summary indicated client #1 was to return to the doctor for his urinary retention. The discharge summary also indicated "Discharge Instructions "D/C (discontinue) foley in 1 week, if unable to urinate insert 16f foley and call [name of doctor] on [phone number]...." Client #1's Cumulative Medical Record notes indicated the following (not all inclusive): -1/7/13 Client #1 saw his doctor in regard to no urinary output. The note indicated client #1 was experiencing "Suprapubic fullness with discomfort." The medical note indicated client #1's doctor diagnosed the client with "Urinary Retention" and ordered a STAT (immediate) bladder scan. -1/14/13 "Late Entry I went to the group home to check on consumer VS (vital signs) stable. Assessment done his penis was swollen and painful to the touch. He has a foley catheter in place for Urinary Retention. I (LPN #1) advised staff to			

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	take him to the [name of hospital] emergency. He was taken to the ER (emergency room) and new orders received for his Dx (diagnosis) of Encounter for Foley Catheter replacement and UTI (Urinary Tract Infection) and medication and new medications orders received (sic). He will be seen by his urology doctor next week, Labs will be done on 1/15/13. Will continue to monitor consumer." Client #1's above mentioned medical record, which included the nurse notes, indicated the facility neglected to assess the client when he was discharged from the hospital on 1/9/13, to ensure facility staff monitored the client and/or called the facility nurse when client #1's health status changed. Client #1's 1/8/13 Health and Safety Memo (risk plan) from LPN #1 was provided and reviewed on 1/15/13 at 3:45 PM. The memo indicated the following: "Instructions for catheter care: -Keep the bag below the waist at all times -Bag needs to be hung on the frame of the bed at bedtime. It CANNOT be placed on the floor -Make sure the rubber tubing is 'free of kinks at all times'-Empty the bag into the white basin before bag is full -Measure the amount of urine using the			

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	marks on the basin and record it on the I & (and) O (intake & output) sheet daily -Make sure you wash your hands before and after emptying the catheter and wear gloves while handling the urine bag -If there is no urine output in 4 hours call your nurse immediately Instructions for leg bag: -Disconnect the plastic tubing from the catheter bag -Connect the tubing to the leg bag -Position the bag on the inside of the leg with the straps above and below the knee -Adjust the straps for a comfortable fit -Make sure the straps are not too tight and cutting off circulation -The leg bag is to be worn only during the day -Empty the leg bag every 2 hours as needed and record the output on the I & O sheet -If there is no urine output in 4 hours call your nurse immediately...S/S (Signs and Symptoms) for a client with a Foley: 1. Temperature greater than 101 2. Persistent nausea and vomiting 3. Redness, tenderness, or signs of infection, pain, swelling, redness, odor or green/yellow discharge around site 4. Severe uncontrolled pain 5. Difficulty breathing, headache or			

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	visual disturbance 6. Hives 7. Persistent headaches or visual disturbance 8. Extreme fatigue 9. Difficulty with or inability to urinate 10. Any other concerns call nurse." Client #1's hospital records were reviewed on 1/15/13 at 2:45 PM. The 1/12/13 Emergency Department note indicated client #1's diagnoses included, but were not limited to, "Encounter for Foley catheter replacement" and UTI, site not specified. The 1/12/13 note indicated client #1 was started on Levaquin (antibiotic) 750 milligrams 1 tablet daily and Nystatin Powder apply three times a day for 1 week. The ER note indicated a "Temporary Indwelling Bladder Catheter (Simple)" was placed in the client's bladder. The 1/12/13 ER note had Catheter Care instructions attached to the note. The instructions indicated "You can reduce the risk of infection if you: -Limit the number of germs (bacteria) entering your bladder. -Protect the tissue from injury. -Keep the urinary pathways open...FOLLOW THESE PROCEDURES TO LIMIT THE NUMBER OF			

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	BACTERIA ENTERING THE BLADDER -Wash your hands for 2 minutes with soapy water before and after handling the catheter. -Wash the perineal area and entire length of the catheter twice daily and after each bowel movement. Wash urethral opening and catheter with soap and warm water, rinse, and then wash the rectal area. Always wash front to back. -When changing the leg bag to bed bag or reverse, cleanse the end of the catheter where it connects to the tubing. Do this by rubbing it vigorously with an alcohol wipe. -Clean leg bag and night drainage bags daily after use. Replace your drainage bags weekly or when you can no longer thoroughly clean them. -Always keep tubing and collection bag below the level of your bladder. This will allow urine to drain properly by gravity. Lifting the bag or tubing above the level of your bladder will cause unclean (contaminated) urine to flow back into your bladder. If you must momentarily lift the bag higher than your bladder, such as turning from side to side, pinch the			

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	catheter or tubing to prevent back-flow. -Drink at least 6-8 glasses of water daily. This will flush bacteria out of the bladder...." The Catheter care instructions indicated instructions to protect tissues from becoming injured and how to keep the urinary pathway open. The facility neglected to immediately update the 1/8/13 risk plan to incorporate all of the 1/12/13 recommendations to prevent client #1 from potential infections. The facility's inservice/training records were reviewed on 1/15/13 at 1:12 PM. The facility's Staff Development Individual Training/Group Training Reports indicated LPN #1 trained staff #4 and #5 in regard to client #1's Foley Catheter and care on 1/9/13. The inservice records indicated LPN #1 trained day service staff #6, #7, #8 and #9 on 1/10/13. The facility's inservice records indicated LPN #1 trained staff #3 and #10 on 1/11/13. The facility's inservice records indicated staff #5 trained staff #1 on 1/14/13 but LPN #1 signed as the trainer. The facility's 1/9, 1/10, 1/11 and 1/14/13 inservice training records indicated the facility neglected to train staff #11 and #12 in regard to client #1's Foley Catheter and care. The facility neglected to ensure facility staff was adequately trained in regard to			

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	implementing client #1's risk plan/health memo to ensure staff informed the nurse of changes with the Foley catheter/client's health. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, staff #2 worked as the night awake staff at the group home. Interview with staff #1 on 1/15/13 at 6:45 AM indicated client #1 had a Foley Catheter. Staff #1 stated she was trained in regard to the client's catheter care "yesterday" (1/14/13). Staff #1 indicated she had been on vacation. When asked if there was a written protocol, staff #1 indicated she did not know. Staff #1 was not able to locate a written memo/protocol/risk plan in the home on 1/15/13. Interview with Program Coordinator (PC) #1 and LPN #1 on 1/15/13 at 1:50 PM indicated client #1 had been hospitalized for urinary retention. LPN #1 indicated client #1 was discharged from the hospital on 1/9/13 or 1/10/13. LPN #1 indicated client #1 saw his doctor on 1/7/13 and was admitted to the hospital on 1/7/13. LPN #1 indicated she assessed the client on 1/12/13 (Saturday) when she had the client sent to the ER. LPN #1 stated she stopped by the group home to check on			

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	client #1 when she noticed client #1's penis was "swollen, red with pus coming out of penis." LPN #1 stated "They (facility staff) did not call me. They should have called." LPN #1 and PC #1 indicated facility staff were trained in regard to the care of the Foley Catheter and when to call the nurse. PC #1 and LPN #1 indicated they were not aware staff #11 and #12 had not been trained in regard to client #1's Foley Catheter. When asked if client #1 had a protocol/risk plan for the Foley Catheter, LPN #1 stated "I have not seen one. In process of writing or re-writing." LPN #1 indicated the Director of Nursing (DON) was developing a policy and procedure for the Foley Catheter and the DON was writing the risk plan for the catheter. Interview with the DON on 1/15/13 at 2:45 PM indicated a memo/protocol had been written and sent out to the group home. The DON did not know why LPN #1 was not aware of the memo/protocol. The DON indicated she was in the process of updating the protocol/memo and developing a policy and procedure for Foley Catheter care. Interview with staff #1 on 1/15/13 at 3:46 PM indicated the memo for client #1's Foley Catheter was found/located in the communication book at the group home			

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	on 1/15/13 at 3:46 PM. Interview with administrative staff #3 on 1/16/13 at 12:10 PM, by phone, indicated staff #3 and #10 worked on 1/12/13 (Saturday) with client #1 at the group home. Administrative staff #3 indicated staff #3, #5 and #10 worked on 1/11/13 (Friday) at the group home. The above mentioned inservice/training records indicated staff #3, #5 and #10 had been trained in regard to client #1's Foley Catheter protocol/risk plan, but neglected to call the nurse in regard to client #1's health status change. 2. The facility's reportable incident reports and/or investigations were reviewed on 1/14/13 at 12:03 PM. The facility's reportable incident reports indicated the following: -11/2/12 "I (LPN #1) received a phone call about consumer (client #1) having a blister on his inner left ankle that had burst and is now an open sore. I asked if the skin was still intact (sic) staff replied yes. I advised staff to apply triple antibiotic ointment to the area and cover with a gauze. If the blister breaks, a loose flap of skin will hang over the wound. Unless this skin is dirty or has pus developing underneath, leave it alone since it will keep the wound protected.			

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	After a few days, it is safe to gently cut away the dead skin. I went to the house to see this consumer and staff showed me that the dead skin had come off. I advised staff to apply the same treatment and that I will get him into the doctor as soon as possible. Consumer seen by [name of doctor] today and consumer was sent to the hospital as a direct admit for Sepsis Syndrome (infection bloodstream), Right Cellulitis (skin infection) with Osteomyelitis (bone infection)." The facility's 11/13/12 follow-up report indicated "...Consumer (client #1) is in stable condition vital signs within normal limits. Chest X-ray and Bone Scan. He is having daily dressing changes to his right foot. Consumer will need long term care for Sepsis and is currently in the hospital." -11/9/12 "[Client #1] has been transferred from [name of hospital] to [name of hospital]. Consumer has been transferred from [name of hospital] to [name of hospital] for further treatment of Sepsis and Pneumonia. He remains in the hospital (sic) duration of stay is unknown at this time." Client #1's record was reviewed on 1/15/13 at 11:31 AM. Client #1's Cumulative Medical Record (nurse and			

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	doctor notes) notes indicated the following (not all inclusive): -11/2/12 Client #1 was seen by his doctor for right ankle blisters. The 11/2/12 doctor's note indicated client #1 was "weak, sleeping Ft (foot) necrotic (dead tissue) (R) (right) great toe and lateral foot wound with foot cellulitis A (Assessment): (1) (R) Foot Cellulitis (2) (R) Foot osteomyelitis with necrotic wounds (3) Possible Sepsis Syndrome...Admit with SS (Sepsis Syndrome)." -11/2/12 "Consumer was seen by [name of doctor] today for blister on his right foot. He was admitted to [name of hospital] for Sepsis Syndrome (RT) cellulitis (with) Osteomyelitis. -11/5/12 Client # 1 was still in hospital. The note indicated "Update report on consumer. VS (vital signs) WNL (within normal limits), Lung sounds clear bilateral. He had a CXR (chest xray), Bone Scan done. He is having daily dressing changes done to his right foot...." -11/12/12 Client #1 had been transferred to another hospital. The note indicated another chest Xray and bone scan were			

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	going to be done. The note indicated "...He is getting dressing changes to his right foot. Consumer in the hospital duration is not known @ (at) this time." -11/15/12 "...Receiving wound care to RT foot daily. He remains in hospital duration (sic)unknown." -11/20/12 "...Consumer remains on IV (intravenous) ABT (antibiotic) Rocefin (sic) q (every) 24 hrs (hours). He receives bilateral wound care to both feet. the (sic) right foot he gets Aquacel AG (wound care) every 3 days and on his left foot (inner) Tegaderm...." -11/23/12 Client #1 remained in the hospital getting IV antibiotics and treatment to both feet. -11/27/12 "...He continues to receive IV antibiotics of Rocefin (sic) every 24 hours. He receives wound care bilateral feet. Physical therapy continues to work (with) this consumer...." -11/29/12 "...He continues to receive IV antibiotics of Rocefin (sic) every 24 hrs. Wound care to both feet. No distress noted." -12/3/12 "...Remains on IV fluids (with) continuous IV antibiotics. Drsg			

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	(dressing) care to Rt foot wound and Lt (left) foot care noted...." -12/10/12 "Report received on consumer he was doing well (sic). VS WNL. No long (sic) on IV fluids and IV antibiotic therapy. He takes medication orally...Physical therapy (PT) continues to get him up to chair. Wears bilateral boots on both feet. Bilateral foot care done per wound nurse. Duration of hospital stay is unknown @ this time." -12/14/12 "Report given that consumer was doing good...." -12/18/12 "Report given consumer was doing very well. VS WNL...Continues (with) wound care treatments. PT gets him up daily. No distress noted. Hospital duration is unknown @ this time." -12/22/12 "Post hospital quarterly nursing assessment was completed on consumer home...No open areas noted. Consumer has wound care noted to right great toe area is cleansed (with) Aquacel Ag and apply Tegaderm to area and elevate foot off bed surfaces. And apply Silvadene to left ankle apply Aquaphor Oint (ointment) to dry skin daily...." Client #1's above Cumulative medical record indicated the facility's nurse neglected to document her 11/2/12			

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	assessment of the client when she went to the group home. The above mentioned notes indicated the facility neglected to monitor, follow-up and/or document any additional nursing assessments of client #1's wound and/or care, since the client returned to the group home on 12/22/12. Client #1's 1/9/13 Confidential Medical Information hospital records indicated client #1 was admitted to the hospital on 1/7/13 for Urinary Retention. The hospital records indicated client #1 had an assessment of the wound, on his right foot, while the client was in the hospital. The 1/9/13 medical record indicated on 1/8/13, "...Assessment completed. Patient has dry eschar to the right lateral foot. Recommendations to leave OTA (open to air). Will continue to follow as needed. Preventative measures ordered." The 1/8/13 assessment indicated the wound was first assessed on 1/7/13 and was "pre-existing." The 1/8/13 note indicated client #1's wound on the right foot was 1 cm (centimeter) in length and 1 cm in width with "Attached edges." Client #1's 1/9/13 Discharge medications indicated client #1 was to receive "Xenaderm (skin ulcer/wound care) Ointment apply topically 3 times daily" and "Eucerin (skin protectant) cream to affected areas as directed."			

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	Client #1's 1/13 Medication Administration Record (MAR) indicated the facility neglected to start and/or apply the Xenaderm as ordered. Client #1's Cumulative Medical Record indicated the facility neglected to document any information in the client's record which indicated why the Xenaderm was not being applied as ordered. Client #1's 8/27/12 Individual Support Plan (ISP) indicated client #1 had a 7/2012 risk plan/protocol for Skin Breakdown. The risk plan indicated client #1 was at risk for skin breakdown. The plan indicated "...Staff should ask [client #1] about his skin and do a visual inspection of his skin when practical. Staff will document on daily logs any changes, and will fill out an incident report if redness, bleeding or openings are noted...." The 7/2012 risk plan indicated "Staff are to notify the Community Services Nurse if any changes in color, redness, openings, or bleeding is observed. He will have a doctor's appointment scheduled or taken to the ER if the sores are severe...." Client #1's 8/27/12 ISP and/or record indicated the facility's nursing services failed to review and or address client #1's wounds to the client's feet/ankle to ensure			

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	the client's current 7/2012 risk plan was current and/or met the health care needs of the client. The client's Medical Cumulative Record, ISP and/or record failed to indicate facility staff were re-trained in regard to the client's wound care protocol to ensure the staff monitored the client's skin and/or reported any concerns to the facility's nurse. Interview with LPN #1 and PC #1 on 1/15/13 at 1:50 PM indicated client #1 had been in the hospital several times due to different medical issues. LPN #1 indicated client #1's hospitalization in 11/12 was due to the wound on client #1's right foot. LPN #1 indicated the client was hospitalized due to Sepsis. LPN #1 indicated group home staff called her and she went to the group home to assess the blister. LPN #1 indicated she made a doctor's appointment for the client to be seen and the client was taken to the doctor on 11/2/12. When asked how client #1 received the wounds to his feet, LPN #1 stated she had asked staff if the client's "shoes were too small." LPN #1 indicated client #1 no longer received Silvadene cream to his wounds. LPN #1 indicated client #1 still went to a wound clinic and was scheduled to go on 1/10/13 but the client did not go. LPN #1 indicated client #1's ordered Xenaderm had not been started. LPN #1 indicated she was			

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	seeking clarification with the Xenaderm. LPN #1 stated "I have asked pharmacy to send out consult." LPN #1 indicated she was not sure if Medicaid would pay for the Xenaderm. LPN #1 stated the Xenaderm was "expensive." LPN #1 indicated she failed to document the need to obtain clarification from the pharmacy and/or doctor. LPN #1 indicated the clarification and/or medication had not been obtained/started as of 1/15/13 at 1:50 PM. When asked if the LPN had assessed client #1's foot/ankle since 12/22/12, LPN #1 stated client #1 no longer had an open area as the client had a "scab" on the side of his great right toe and his left ankle was "back to normal with a pea size scab." LPN #1 indicated there was no documentation of her assessments. PC #1 and/or LPN #1 did not indicate the client's 7/2012 risk plan/protocol had been reviewed and/or updated to meet client #1's current healthcare needs in regard to his wound/skin breakdown. Interview with the DON on 1/15/13 at 2:45 PM indicated LPN #1 had been giving her updates on client #1's wounds on his feet. DON #1 indicated the LPN should have documented her assessments of the client. The facility's policy and procedures were			

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	15G699	A. BUILDING 00 B. WING	01/25/2013

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	reviewed on 1/14/13 at 11:42 AM. The facility's 2/15/12 policy entitled Policy For Handling Cases Of Neglect and Abuse indicated "..The ARC Northwest Indiana prohibits all abuse, neglect and exploitation of our clients...." The 2/15/12 policy indicated "...Neglect - is defined as failure to consider and provide for the safety or care of the client and anticipate and remedy the placing of a client in a situation that poses a threat to his/her health and well being. Examples include, but are not limited to depriving a client of food, drink, clothing, sleep, shelter, use of bathroom facilities, or medical care/treatment...." 3. The facility's policy and procedures were reviewed on 1/14/13 at 11:42 AM. The facility's 2/15/12 policy entitled Policy For Handling Cases Of Neglect and Abuse indicated "..The ARC Northwest Indiana prohibits all abuse, neglect and exploitation of our clients...All investigations of abuse, neglect, humiliation or exploitation will be investigated per The ARC Northwest Indiana's investigation process, while protecting the individual...." The facility failed to provide evidence of an investigation, and/or conduct thorough investigations for allegations of possible neglect for clients #2 and #3. Please see			

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	W154. 9-3-2(a)			

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W0154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 3 of 8 incidents of abuse, neglect and/or injuries of unknown source reviewed, involving 2 of 4 clients residing at the group home (clients #2 and #3), the facility failed to provide evidence of an investigation, and/or conduct thorough investigations. Findings include: A request for all investigation records for this group home was made on 1/14/13 at 11:10 A.M.. No investigation records were submitted for review. A review of the facility's internal incident/accident reports and Bureau of Developmental Disabilities Services (BDDS) reports was conducted at the facility's administrative office on 1/14/13 at 12:15 P.M.. Review of the facility's incident/accident and BDDS reports indicated: Incident Report dated 8/19/12 [Client #2]: "Client went into behavior and ran outside and banged head against brick wall of house. Part B: Received a phone call	W0154	All suspected abuse and or neglect incidents will be investigated thoroughly. Service Coordinator will be re-trained on February 20 during annual training. New Nurse will be properly trained on reporting.	02/24/2013

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	from DSP (Direct Support Professional) stating consumer was having behaviors and hit head into the wall. I told DSP to clean area and apply triple antibiotic ointment. I saw consumer that evening at the house (sic) noted area to be approximately 1 inch scratch, no further care needed." No documentation was available for review to indicate the facility had conducted a thorough investigation of the incident of possible neglect. Incident Report dated 10/10/12 [Client #3]: "When staff walked to the back to check on clients. (sic) She found client on the floor behind the bed, which caused a bruise on the right arm from bed rails. Long bruise on right arm. Part B: Received a phone call from group home DSP stated client was found on floor behind the bed and his right arm had a bruise from the bed rail. Advised to monitor consumer often during the night in order to prevent this from happening again." No documentation was available for review to indicate the facility had conducted a thorough investigation of the unknown injury/possible neglect incident. BDDS report dated 10/10/12 [Client #3]: "I was informed by the Health and Safety Tech today that consumer (client #3) had stated he had fallen out of his bed this morning. Consumer received a bruise on			

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	his right arm." A review of client #3's record was conducted on 1/15/13 at 12:35 P.M.. Review of client #3's medical record indicated: Medical notation dated 7/20/12: "Informed by [Licensed Practical Nurse name] that she received a daily log from the house stating client (client #3) had a scratch 'by his left eye, of unknown origin.' Called and spoke to Health and Safety Tech, she assessed client and scratch. No scratch noted above, near or under left or right eye. Service Coordinator (SC) notified." No documentation was available for review to indicate the facility had conducted a thorough investigation of the unknown injury. An interview with the SC was conducted at the facility's administrative office on 1/15/13 at 2:10 P.M.. The SC indicated these incidents were not investigated to rule out neglect/abuse. The SC stated "I was told there were no investigations for this group home." 9-3-2(a)			

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W0207	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Appropriate facility staff must participate in interdisciplinary team meetings. Based on record review and interview, the facility failed for 1 of 2 sampled clients (client #2) to ensure nursing staff participated in Interdisciplinary Team (IDT) and Individual Support Plan (ISP) meetings. Findings include: A review of client #2's record was conducted at the facility's administrative office on 1/15/13 at 11:30 A.M.. Review of client #2's ISP dated 12/7/12 indicated client #2's diagnoses included, but were not limited to, Seizure Disorder, Impulse control disorder, Hydrocephalus (fluid in the brain), VP shunts (treats hydrocephalus). Review of client #2's "General Risk Factors Assessment" dated 12/7/12 indicated: "Health: Diagnosed with seizure disorder or had new onset...Currently taking more than one medication for seizures...Has a psychiatric diagnosis...Currently taking more than one medicine for psychoactive medication...Currently taking one or more prescription medications." Further review of the record failed to indicate nursing staff participation in IDT meetings. No further documentation was	W0207	Nursing staff will attend all annual meetings as scheduled.To ensure future compliance, if scheduled nurse cannot make the meeting, another nurse will attend meeting.	02/24/2013

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	available for review to indicate a nursing report was submitted on behalf of the nursing staff for the ISP or IDT meetings. An interview with the Licensed Practical Nurse (LPN) was conducted on 1/25/13 at 10:00 A.M.. The LPN stated "Nursing staff doesn't usually participate in the IDT and ISP meetings. We do go to some but not all." 9-3-4(a)			

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W0227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 2 sampled clients (#2), the client's interdisciplinary team (IDT) failed to address the client's identified behavioral need. Findings include: During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, client #1 took off his shirt in the kitchen. Staff #2 prompted client #1 to put his shirt back on. At 6:34 AM, client #1 was walking around the house with no shirt on in the living room. The client had removed his shirt and laid it on the kitchen counter. Interview with staff #2 on 1/15/13 at 6:00 AM stated client #1 would remove his clothes and "strip." Staff #2 indicated client #1 did not have a plan for stripping. Client #1's record was reviewed on 1/15/13 at 11:30 AM. Client #1's 12/12 Individual Support Plan (ISP) and/or behavior plan indicated client #1's identified behavioral need in regard to stripping was not addressed.	W0227	Client #1 behavior plan will be modified to include client taking his clothes off. To ensure future compliance, ISP and behavioral plans will be assessed at annual meetings.	02/24/2013

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	Interview with Program Coordinator (PC) #1 on 1/15/13 at 1:50 PM indicated client #1 would remove his clothes. PC #1 indicated client #1's ISP did not address the client's identified behavioral training need. 9-3-4(a)			

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W0249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement training objectives during times of opportunity for 1 of 2 sampled clients (client #2) and failed to implement client #2's Behavior Support Plan (BSP). Findings include: 1. A review of the facility's internal incident/accident reports was conducted at the facility's administrative office on 1/14/13 at 12:15 P.M.. Review of the reports indicated: Incident report dated 5/19/12: "[Client #2] was in behavior (sic) he was screaming, grunting. He went into bathroom where he continued his behavior. I heard some booming. I went to go see and he was hitting his head on the wall. I stopped him and he had a slight scratch on his head. Part B: Apply antibiotic ointment to the scrape on [client #2's] forehead. "	W0249	Group hom staff will be re-trained on client's behavioral Plan, communication book and when and how to implement them to provide ongoing active treatment. Group home staff will be trained on client #2 diet (ground meat and chopped food)/To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months and monthly thereafter.	02/24/2013

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Incident report dated 8/19/12: "Client (client #2) went into behavior and ran outside and banged head against brick wall of house. Part B: Received a phone call from DSP (Direct Support Professional) stating consumer was having behaviors and hit head into the wall. I told DSP to clean area and apply triple antibiotic ointment. I saw consumer that evening at the house (sic) noted area to be approximately 1 inch scratch, no further care needed. "

An evening observation at the group home was conducted on 1/14/13 between 5:00 P.M. and 6:15 P.M.. During the entire observation client #2 walked around the kitchen area with no activity. Direct Support Professionals (DSP) #1 and #2 did not use a communication book/signs to communicate with client #2 and did not encourage him to participate in group communication during the entire observation. Client #2 did not and was not prompted to participate in fine motor activities.

A facility owned day program observation was conducted on 1/15/13 from 10:00 A.M. until 11:00 A.M.. During the entire observation period client #2 sat in a recliner asleep. Day Program DSP #1 interacted with other clients in the room,

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	but did not interact with client #2. Day program DSPs #1, #2 and #3 did not use a communication book/signs to communicate with client #2 and did not encourage him to participate in group communication during the entire observation. A review of client #2's record was conducted at the facility's administrative office on 1/15/13 at 11:30 A.M.. A review of client #2's record indicated he was nonverbal. Review of client #2's Individual Support Plan (ISP) dated 12/7/12 indicated the following: "Will continue to work with his communication book using pictures and signs...Will participate in fine motor activities." Review of client #2's BSP dated 12/2012 to 12/2013 indicated: "Targeted Behaviors: Self Injurious Behaviors: Hitting head with fist, head banging, biting fist...Running away: Rapidly leaving or attempting to leave an area in which he is being supervised...[Client #2] is to be encouraged to use his communication books several times a day (sic) a separate tracking sheet was developed for this purpose...Reactive Measures: Self Injurious Behaviors: Staff will inform [client #2] that his actions are inappropriate and that communicating is a much more effective way of dealing with a problem. They			

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	should aid [client #2] in communicating his desires through using his communication book...Running away: Occurs infrequently and is preventable by closely monitoring [client #2] while taking him outside. He does not tend to go far but may go quickly without regard to his own safety, so it is better to prevent though (sic) preventative monitoring." The facility did not implement client #2's BSP to prevent the above mentioned 8/19/12 incident in regard to monitoring. An interview with the Service Coordinator (SC) was conducted on 1/15/13 at 2:10 P.M.. The SC indicated staff should implement active treatment training objectives at all times of opportunity. The SC further indicated client #2's BSP should be followed at all times. 2. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, client #2 was non-verbal in communication in that the client did not speak. At 5:56 AM, client #2 signed eat to staff #2. Staff #2 stated to client #2, "I have already shaved you this morning." Staff #1 and #2 did not encourage client #2 to use a communication book and/or pictures. During the above mentioned observation period, client #2 walked around the group home eating a whole			

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	apple staff #2 gave the client for breakfast. The staff did not chop and/or cut up client #2's apple. At 7:10 AM, staff #1 cut up a second apple into bite size pieces and gave the apple to client #2 to eat at the table. Also during the 1/15/13 observation period, client #2 walked around the group home and/or laid on the couch without an activity and/or training. Staff #1 and #2 did not encourage the client to participate in any training and/or activity from 7:10 AM to 8:10 AM. Client #2's record was reviewed on 1/15/13 at 11:30 AM. Client #2's 12/12 Individual Support Plan (ISP) indicated client #2 had an objective to participate in range of motion exercises, to use communication book pictures and signs. Client #2's 12/12 ISP indicated the client had an objective to participate in a motor skills activity which facility staff did not implement when opportunities for training existed. Interview with PC #1 on 1/15/13 at 1:50 PM indicated client #2 was on ground meat chopped food diet. PC #1 indicated client #2's apple should have been cut up/chopped. 9-3-4(a)			

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W0263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on interview and record review for 1 of 2 sampled clients (#1) with restrictive programs, the facility failed to obtain written informed consent from the client's guardian in regard to the client's restrictive program. Findings include: Client #1's record was reviewed on 1/15/13 at 11:31 AM. Client #1's 8/27/12 Individual Support Plan (ISP) indicated client #1 received Restoril 30 milligrams for Insomnia, Aricept 10 milligrams and Namenda 10 milligrams for Dementia. Client #1's 8/27/12 ISP indicated client #1 had to be in staff's sight 24 hours a day when awake due to the client's "wandering"/elopement behavior due to the client's Dementia. Client #1 8/27/12 ISP also indicated client #1's sister was the client's guardian. Client #1's 8/27/12 ISP indicated the facility had not obtained written informed consent for the client's restrictive program. Interview with Program Coordinator (PC) #1 on 1/15/13 at 1:50 PM indicated client	W0263	Service Coordinator will have client #1 ISP and Support Plan signed by his guardian.To ensure future compliance, Service Coordinator will obtain guardian signature at the annual meeting or within the allotted time frame.	02/24/2013

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	#1's sister was the client's guardian. The PC stated "She (client #1's guardian) does not send stuff back in." PC #1 indicated the client's guardian was aware of client #1's restrictive program, but the PC was not able to locate written informed consent from the guardian. 9-3-4(a)			
W0268	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 2 sampled clients (#2), to promote their dignity by ensuring they were shaved. Findings include: An evening observation was conducted at the group home on 1/14/13 from 5:00 P.M. until 6:15 P.M.. During the entire observation client #2 was unshaven. An interview with the Service Coordinator (SC) was conducted on 1/15/13 at 2:10 P.M.. The SC indicated clients should be shaven daily. 9-3-5(a)	W0268	Service Coordinator will re-train group home staff on shaving client #2.To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months and monthly thereafter.	02/24/2013

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W0318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 2 of 2 sampled clients (#1 and #2) and for 1 additional client (#3). the facility's nursing services failed to meet the health care needs of the clients it served. The facility's health care services failed to assess, monitor and/or address clients' health care needs, and failed to ensure facility staff were trained to meet the health needs of clients. The facility's health care services failed to ensure all staff were trained and/or implemented clients' risk plans according to the clients' specified health needs to ensure proper care was provided. The facility's health care services failed to ensure all medications were administered as ordered, conducted quarterly nursing assessments, and/or ensured a client completed recommended doctor appointments. Findings include: 1. The facility's health care services failed to ensure the facility's nursing services met the health care needs of clients in regard to assessing, monitoring a client for possible head injury and to	W0318	This client's risk plan for the use of a Foley Catheter was revised and then discontined. Upon the discontinuation of the catheter on 1/16/13. Staff training was not completed as the catheter was discontinued. The nurse manager has written guidelines put in place for the use of foley drainage equipment. The client is no longer using a foley catheter. Wound tracking and repositioning records are in place. To ensure future compliance, staff will be trained as needed. Investigations will be conducted if neglect is suspected. Community Services Nurse will assess a client's injuiry/skin breakdown within 24 hours of report. A new procedure has been put in place to identify those clients who are at risk for pressure ulcers across the board, new repositioning sheets, would tracking sheets, and quarterly's nursing review sheets have been developed. There are new questions on the quarterly nursing review sheet to identify those clients who need to be closely monitored for pressure ulcers.Client #3 medicaid was inactive, the physicians which he was supposed to see would not allow an appointment to be scheduled. Since this point client #3 medicaid has been activated and appoinments have been	02/24/2013

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	ensure a client obtained a physical examination. The facility's health care services failed to ensure the facility's nursing services ensured staff called a nurse when a client's health status changed, updated a client's risk plan for a Foley Catheter, and to ensure staff were adequately trained in regard to the care and use of the Foley Catheter. The facility's health care services failed to assess, monitor and/or address a wound on a client's ankle/foot for clients #1, #2 and #3. Please see W331. 2. The facility's health care services failed to ensure follow up exams were completed as recommended by the physicians for client #3. Please see W322. 3. The facility's health care services failed to have quarterly nursing assessments completed in a timely fashion for clients #1 and #2. Please see W336. 4. The facility's health care services failed to ensure staff were adequately trained in regard to client #1's Foley Catheter. Please see W342. 5. The facility's health care services failed to administer client #2's medication without error. Please see W369.		scheduled. To ensure future compliance, a lead Coordinator position was developed to oversee all client medicaid eligibility issues. By ensuring eligibility, future medical appointments will be made. The system for monitoring the completion of quarterly nursing assessments has been updated.To ensure future compliance, the Service Coordinator will check this tracking sheet to ensure all clients quarterly's assessments are completed in a timely manner.Staff training was not completed as teh catheter was discontinued. The nurse manager has written guidelines put in place for the use of foley drainage equipment. The client is no longer using a foley catheter. Wound tracking and repositioning records are in place.To ensure future compliance, staff will be trained as needed. Investigations will be conducted if neglect is suspected.The group home staff will be re-trained on medication administration. To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months and monthly thereafter.	

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	9-3-6(a)			

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W0322	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed to assure 1 of 4 clients, residing at the group home, (client #3) had follow up exams as recommended by the physicians. Findings include: A review of client #3's medical record was conducted on 1/15/13 at 12:35 P.M.. Client #3's record indicated: Notation dated 5/2/12: "Client insurance inactive SC (Service Coordinator) made aware, will reschedule lab drawn when insurance is active." Notation dated 5/31/12: "Client had Pod. (podiatrist) appointment today (sic) insurance inactive will reschedule appointment once insurance is active. SC is aware of client insurance being inactive." Notation dated 6/21/12: "Chemical basis drawn at [Lab name] results pending due to inactive insurance. SC notified of the client insurance." Notation dated 7/27/12: "Physical	W0322	Client #3 medicaid was inactive. The physicians which he was supposed to see would not allow an appointment to be scheduled. Since this point client #3 medicaid has been activated and appointments have been scheduled. To ensure future compliance, a Lead Coordinator position was developed to oversee all client. Medicaid eligibility issues. By ensuring eligibility, future medical appointments will be made.	02/24/2013

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	Therapy evaluation at [Hospital name] was not done due to there was no insurance." Notation dated 8/6/12: "The Gastroscopy procedure at [Hospital name] was cancelled due to medicaid ineligibility." Notation dated 12/17/12: "consumer on a family leave therefore his annual physical will be rescheduled after January 4, 2013." Further review indicated a most current annual physical for client #3 was dated 12/21/11 which indicated to return in 1 year. An interview with the Service Coordinator (SC) was conducted 1/15/12 at 2:10 P.M.. The SC indicated the medical appointments did not happen because "his insurance was inactive for about a month." 9-3-6(a)			

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W0331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 1 additional client (#3), the facility's nursing services failed to meet the health care needs of clients in regard to assessing, monitoring a client for possible head injury and to ensure a client obtained a physical examination. The facility's nursing services failed to ensure staff called a nurse when a client's health status changed, to update a client's risk plan for a Foley Catheter, and to ensure staff were adequately trained in regard to the care and use of the Foley Catheter. The facility's nursing services failed to assess, monitor and/or address a wound on a client's ankle/foot. Findings include: 1. The facility's reportable incident reports and/or investigations were reviewed on 1/14/13 at 12:03 PM. The facility's 1/7/13 reportable incident report indicated "Consumer (client #1) was seen as a walk-in patient at [name of doctor] office after being seen by MD (medical doctor). Consumer was then direct admit to the hospital. Consumer was a direct admit to [name of Hospital] for evaluation and treatment of difficult urinating. He	W0331	This client's risk plan for the use of a foley catheter was revised and then discontinued. Upon the discontinuation of the catheter on 1/16/13. Staff training was not completed as the catheter was discontinued. The nurse manager has written guidelines put in place for the use of foley drainage equipment. The client is no longer using a foley catheter. Wound tracking and repositioning records are in place. To ensure future compliance, staff will be trained as needed. Investigations will be conducted if neglect is suspected. Community Services Nurse will assess a client's injuiry/skin breakdown within 24 hours or report. A new procedure has been put in place to identify those clients who are at risk for pressure ulcers across the board. New repositioning sheets, would tracking sheets, and quarterly nursing review sheets have been developed. There are new questions on the quarterly nursing review sheet to identify those clients who need to be closely monitored for pressure ulcers.	02/24/2013

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	had a stat bladder scan done for urinary retention. Foley catheter was put into place to relieve pressure of consumer's bladder. He remains in the hospital (sic) duration is unknown at this time." Client #1's record was reviewed on 1/15/13 at 11:31 AM. Client #1's 1/8/13 hospital Confidential Medication Information Enclosed record indicated client #1 was admitted to the hospital as the client could not urinate on 1/7/13. The sheet indicated client #1 was discharged back to the group home with a Foley Catheter. The 1/7/13 Urology Consult Note indicated "Reason for Consult chronic urinary retention in this patient with a saphenous (nerve/vein) dementia, Down syndrome and seizure disorder...Assessment 1. the patient was admitted with acute chronic urinary retention that the renal function parameters normal (sic). He has a history of dementia/Down's syndrome and possible bladder outlet obstruction. Plan 1. with (sic) consider cystoscopy and possible greenlight laser photo selective vaporization of the prostate. Additional recommendations to follow." Client #1's 1/7/13 Bladder Volume Echo indicated "...Mild thickening of the			

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	bladder wall with sludge within the urinary bladder. The patient did not void for this exam." Client #1's 1/9/13 Discharge Summary indicated client #1 was discharged on 1/9/13 and returned to the group home. The discharge summary indicated client #1 was to return to the doctor for his urinary retention. The discharge summary indicated "Discharge Instructions "D/C (discontinue) foley in 1 week, if unable to urinate insert 16f foley and call [name of doctor] on [phone number]...." Client #1's Cumulative Medical Record notes indicated the following (not all inclusive): -1/7/13 Client #1 saw his doctor in regard to no urinary output. The note indicated client #1 was experiencing "Suprapubic fullness with discomfort." The medical note indicated client #1's doctor diagnosed the client with "Urinary Retention" and ordered a STAT (immediate) bladder scan. -1/14/13 "Late Entry I went to the group home to check on consumer VS (vital signs) stable. Assessment done his penis was swollen and painful to the touch. He has a foley catheter in place for Urinary			

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	Retention. I (LPN #1) advised staff to take him to the [name of hospital] emergency. He was taken to the ER (emergency room) and new orders received for his Dx (diagnosis) of Encounter for Foley Catheter replacement and UTI (Urinary Tract Infection) and medication and new medications orders received (sic). He will be seen by his urology doctor next week, Labs will be done on 1/15/13. Will continue to monitor consumer." Client #1's above mentioned medical record, which included the nurse notes, indicated the facility's nurse failed to assess the client when he was discharged from the hospital on 1/9/13, to ensure facility staff monitored the client and/or called the facility nurse when client #1's health status changed. Client #1's 1/8/13 Health and Safety Memo (risk plan) from LPN #1 was provided and reviewed on 1/15/13 at 3:45 PM. The memo indicated the following: "Instructions for catheter care: -Keep the bag below the waist at all times -Bag needs to be hung on the frame of the bed at bedtime. It CANNOT be placed on the floor -Make sure the rubber tubing is 'free of kinks at all times'-Empty the bag into the			

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	white basin before bag is full -Measure the amount of urine using the marks on the basin and record it on the I & (and) O (intake & output) sheet daily -Make sure you wash your hands before and after emptying the catheter and wear gloves while handling the urine bag -If there is no urine output in 4 hours call your nurse immediately Instructions for leg bag: -Disconnect the plastic tubing from the catheter bag -Connect the tubing to the leg bag -Position the bag on the inside of the leg with the straps above and below the knee -Adjust the straps for a comfortable fit -Make sure the straps are not too tight and cutting off circulation -The leg bag is to be worn only during the day -Empty the leg bag every 2 hours as needed and record the output on the I & O sheet -If there is no urine output in 4 hours call your nurse immediately...S/S (Signs and Symptoms) for a client with a Foley: 1. Temperature greater than 101 2. Persistent nausea and vomiting 3. Redness, tenderness, or signs of infection, pain, swelling, redness, odor or green/yellow discharge around site			

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	4. Severe uncontrolled pain 5. Difficulty breathing, headache or visual disturbance 6. Hives 7. Persistent headaches or visual disturbance 8. Extreme fatigue 9. Difficulty with or inability to urinate 10. Any other concerns call nurse." Client #1's hospital records were reviewed on 1/15/13 at 2:45 PM. The 1/12/13 Emergency Department note indicated client #1's diagnoses included, but were not limited to, "Encounter for Foley catheter replacement" and UTI, site not specified. The 1/12/13 note indicated client #1 was started on Levaquin (antibiotic) 750 milligrams 1 tablet daily, and Nystatin Powder apply three times a day for 1 week. The ER note indicated a "Temporary Indwelling Bladder Catheter (Simple)" was placed in the client's bladder. The 1/12/13 ER note had Catheter Care instructions attached to the note. The instructions indicated "You can reduce the risk of infection if you: -Limit the number of germs (bacteria) entering your bladder. -Protect the tissue from injury. -Keep the urinary pathways			

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	open...FOLLOW THESE PROCEDURES TO LIMIT THE NUMBER OF BACTERIA ENTERING THE BLADDER -Wash your hands for 2 minutes with soapy water before and after handling the catheter. -Wash the perineal area and entire length of the catheter twice daily and after each bowel movement. Wash urethral opening and catheter with soap and warm water, rinse, and then wash the rectal area. Always wash front to back. -When changing the leg bag to bed bag or reverse, cleanse the end of the catheter where it connects to the tubing. Do this by rubbing it vigorously with an alcohol wipe. -Clean leg bag and night drainage bags daily after use. Replace your drainage bags weekly or when you can no longer thoroughly clean them. -Always keep tubing and collection bag below the level of your bladder. This will allow urine to drain properly by gravity. Lifting the bag or tubing above the level of your bladder will cause unclean (contaminated) urine to flow back into your bladder. If you must momentarily			

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	lift the bag higher than your bladder, such as turning from side to side, pinch the catheter or tubing to prevent back-flow. -Drink at least 6-8 glasses of water daily. This will flush bacteria out of the bladder...." The Catheter care instructions indicated instructions to protect tissues from becoming injured and how to keep the urinary pathway open. The facility neglected to immediately update the 1/8/13 risk plan to incorporate all of the 1/12/13 recommendations to prevent client #1 from potential infections. The facility's inservice/training records were reviewed on 1/15/13 at 1:12 PM. The facility's Staff Development Individual Training/Group Training Reports indicated LPN #1 trained staff #4 and #5 in regard to client #1's Foley Catheter and care on 1/9/13. The inservice records indicated LPN #1 trained day service staff #6, #7, #8 and #9 on 1/10/13. The facility's inservice records indicated LPN #1 trained staff #3 and #10 on 1/11/13. The facility's inservice records indicated staff #5 trained staff #1 on 1/14/13 but LPN #1 signed as the trainer. The facility's 1/9, 1/10, 1/11 and 1/14/13 inservice training records indicated the facility's nursing services failed to train staff #11 and #12 in regard to client #1's Foley Catheter and			

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	care. The facility's nursing services failed to ensure facility staff were adequately trained in regard to implementing client #1's risk plan/health memo to ensure staff informed the nurse of changes with the Foley catheter/client's health. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, staff #2 worked as the night awake staff at the group home. Interview with staff #1 on 1/15/13 at 6:45 AM indicated client #1 had a Foley Catheter. Staff #1 stated she was trained in regard to the client's catheter care "yesterday" (1/14/13). Staff #1 indicated she had been on vacation. When asked if there was a written protocol, staff #1 indicated she did not know. Staff #1 was not able to locate a written memo/protocol/risk plan in the home on 1/15/13. Interview with Program Coordinator (PC) #1 and LPN #1 on 1/15/13 at 1:50 PM indicated client #1 had been hospitalized for urinary retention. LPN #1 indicated client #1 was discharged from the hospital on 1/9/13 or 1/10/13. LPN #1 indicated client #1 saw his doctor on 1/7/13 and was admitted to the hospital on 1/7/13. LPN #1 indicated she assessed the client on 1/12/13 (Saturday) when she had the			

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	client sent to the ER. LPN #1 stated she stopped by the group home to check on client #1 when she noticed client #1's penis was "swollen, red with pus coming out of penis." LPN #1 stated "They (facility staff) did not call me. They should have called." LPN #1 and PC #1 indicated facility staff were trained in regard to the care of the Foley Catheter and when to call the nurse. PC #1 and LPN #1 indicated they were not aware staff #11 and #12 had not been trained in regard to client #1's Foley Catheter. When asked if client #1 had a protocol/risk plan for the Foley Catheter, LPN #1 stated "I have not seen one. In process of writing or re-writing." LPN #1 indicated the Director of Nursing (DON) was developing a policy and procedure for the Foley Catheter and the DON was writing the risk plan for the catheter. Interview with the DON on 1/15/13 at 2:45 PM indicated a memo/protocol had been written and sent out to the group home. The DON did not know why LPN #1 was not aware of the memo/protocol. The DON indicated she was in the process of updating the protocol/memo and developing a policy and procedure for Foley Catheter care. Interview with staff #1 on 1/15/13 at 3:46 PM indicated the memo for client #1's			

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	Foley Catheter was found/located in the communication book at the group home on 1/15/13 at 3:46 PM. Interview with administrative staff #3 on 1/16/13 at 12:10 PM, by phone, indicated staff #3 and #10 worked on 1/12/13 (Saturday) with client #1 at the group home. Administrative staff #3 indicated staff #3, #5 and #10 worked on 1/11/13 (Friday) at the group home. The above mentioned inservice/training records indicated staff #3, #5 and #10 had been trained in regard to client #1's Foley Catheter protocol/risk plan, but failed to call the nurse in regard to client #1's health status change. 2. The facility's reportable incident reports and/or investigations were reviewed on 1/14/13 at 12:03 PM. The facility's reportable incident reports indicated the following: -11/2/12 "I (LPN #1) received a phone call about consumer (client #1) having a blister on his inner left ankle that had burst and is now an open sore. I asked if the skin was still intact (sic)staff replied yes. I advised staff to apply triple antibiotic ointment to the area and cover with a gauze. If the blister breaks, a loose flap of skin will hang over the wound. Unless this skin is dirty or has pus			

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	developing underneath, leave it alone since it will keep the wound protected. After a few days, it is safe to gently cut away the dead skin. I went to the house to see this consumer and staff showed me that the dead skin had come off. I advised staff to apply the same treatment and that I will get him into the doctor as soon as possible. Consumer seen by [name of doctor] today and consumer was sent to the hospital as a direct admit for Sepsis Syndrome (infection bloodstream), Right Cellulitis (skin infection) with Osteomyelitis (bone infection)." The facility's 11/13/12 follow-up report indicated "...Consumer (client #1) is in stable condition vital signs within normal limits. Chest X-ray and Bone Scan. He is having daily dressing changes to his right foot. Consumer will need long term care for Sepsis and is currently in the hospital." -11/9/12 "[Client #1] has been transferred from [name of hospital] to [name of hospital]. Consumer has been transferred from [name of hospital] to [name of hospital] for further treatment of Sepsis and Pneumonia. He remains in the hospital duration (sic) of stay is unknown at this time." Client #1's record was reviewed on			

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	1/15/13 at 11:31 AM. Client #1's Cumulative Medical Record (nurse and doctor notes) notes indicated the following (not all inclusive): -11/2/12 Client #1 was seen by his doctor for right ankle blisters. The 11/2/12 doctor's note indicated client #1 was "weak, sleeping Ft (foot) necrotic (dead tissue) (R) (right) great toe and lateral foot wound with foot cellulitis A (Assessment): (1) (R) Foot Cellulitis (2) (R) Foot osteomyelitis with necrotic wounds (3) Possible Sepsis Syndrome...Admit with SS (Sepsis Syndrome)." -11/2/12 "Consumer was seen by [name of doctor] today for blister on his right foot. He was admitted to [name of hospital] for Sepsis Syndrome (RT) cellulitis (with) Osteomyelitis. -11/5/12 Client # 1 was still in hospital. The note indicated "Update report on consumer. VS (vital signs) WNL (within normal limits), Lung sounds clear bilateral. He had a CXR (chest xray), Bone Scan done. He is having daily dressing changes done to his right foot...." -11/12/12 Client #1 had been transferred			

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	to another hospital. The note indicated another chest Xray and bone scan were going to be done. The note indicated "...He is getting dressing changes to his right foot. Consumer in the hospital duration is not known @ (at) this time." -11/15/12 "...Receiving wound care to RT foot daily. He remains in hospital (sic) duration unknown." -11/20/12 "...Consumer remains on IV (intravenous) ABT (antibiotic) Rocefin (sic) q (every) 24 hrs (hours). He receives bilateral wound care to both feet. the (sic) right foot he gets Aquacel AG (wound care) every 3 days and on his left foot (inner) Tegaderm...." -11/23/12 Client #1 remained in the hospital getting IV antibiotics and treatment to both feet. -11/27/12 "...He continues to receive IV antibiotics of Rocefin (sic) every 24 hours. He receives wound care bilateral feet. Physical therapy continues to work (with) this consumer...." -11/29/12 "...He continues to receive IV antibiotics of Recfin every 24 hrs. Wound care to both feet. No distress noted."			

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	-12/3/12 "...Remains on IV fluids (with) continuous IV antibiotics. Drsg (dressing) care to Rt foot wound and Lt (left) foot care noted...." -12/10/12 "Report received on consumer he was doing well (sic). VS WNL. No long (sic) on IV fluids and IV antibiotic therapy. He takes medication orally...Physical therapy (PT) continues to get him up to chair. Wears bilateral boots on both feet. Bilateral foot care done per wound nurse. Duration of hospital stay is unknown @ this time." -12/14/12 "Report given that consumer was doing good...." -12/18/12 "Report given consumer was doing very well. VS WNL...Continues (with) wound care treatments. PT gets him up daily. No distress noted. Hospital duration is unknown @ this time." -12/22/12 "Post hospital quarterly nursing assessment was completed on consumer home...No open areas noted. Consumer has wound care noted to right great toe area is cleansed (with) Aquacel Ag and apply Tegaderm to area and elevate foot off bed surfaces. And apply Silvadene to left ankle apply Aquaphor Oint (ointment) to dry skin daily...." Client #1's above Cumulative medical			

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	record indicated the facility's nurse failed to document her 11/2/12 assessment of the client when she went to the group home. The above mentioned notes indicated the facility's nursing services failed to monitor, follow-up and/or document any additional nursing assessments of client #1's wound and/or care, since the client returned to the group home on 12/22/12. Client #1's 1/9/13 Confidential Medical Information hospital records indicated client #1 was admitted to the hospital on 1/7/13 for Urinary Retention. The hospital records indicated client #1 had an assessment of the wound, on his right foot, while the client was in the hospital. The 1/9/13 medical record indicated on 1/8/13, "...Assessment completed. Patient has dry eschar to the right lateral foot. Recommendations to leave OTA (open to air). Will continue to follow as needed. Preventative measures ordered." The 1/8/13 assessment indicated the wound was first assessed on 1/7/13 and was "pre-existing." The 1/8/13 note indicated client #1's wound on the right foot was 1 cm (centimeter) in length and 1 cm in width with "Attached edges." Client #1's 1/9/13 Discharge medications indicated client #1 was to receive "Xenaderm (skin ulcer/wound care)			

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	Ointment apply topically 3 times daily" and "Eucerin (skin protectant) cream to affected areas as directed." Client #1's 1/13 Medication Administration Record (MAR) indicated the facility's nursing services failed to start and/or apply the Xenaderm as ordered. Client #1's Cumulative Medical Record indicated the facility's nurse failed to document any information in the client's record which indicated why the Xenaderm was not being applied as ordered. Client #1's 8/27/12 Individual Support Plan (ISP) indicated client #1 had a 7/2012 risk plan/protocol for Skin Breakdown. The risk plan indicated client #1 was at risk for skin breakdown. The plan indicated "...Staff should ask [client #1] about his skin and do a visual inspection of his skin when practical. Staff will document on daily logs any changes, and will fill out an incident report if redness, bleeding or openings are noted...." The 7/2012 risk plan indicated "Staff are to notify the Community Services Nurse if any changes in color, redness, openings, or bleeding is observed. He will have a doctor's appointment scheduled or taken to the ER if the sores are severe...."			

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	Client #1's 8/27/12 ISP and/or record indicated the facility's nursing services failed to review and or address client #1's wounds to the client's feet/ankle to ensure the client's current 7/2012 risk plan was current and/or met the health care needs of the client. The client's Medical Cumulative Record, ISP and/or record failed to indicate facility staff were re-trained in regard to the client's wound care protocol to ensure the staff monitored the client's skin and/or reported any concerns to the facility's nurse. Interview with LPN #1 and PC #1 on 1/15/13 at 1:50 PM indicated client #1 had been in the hospital several times due to different medical issues. LPN #1 indicated client #1's hospitalization in 11/12 was due to the wound on client #1's right foot. LPN #1 indicated the client was hospitalized due to Sepsis. LPN #1 indicated group home staff called her and she went to the group home to assess the blister. LPN #1 indicated she made a doctor's appointment for the client to be seen and the client was taken to the doctor on 11/2/12. When asked how client #1 received the wounds to his feet, LPN #1 stated she had asked staff if the client's "shoes were too small." LPN #1 indicated client #1 no longer received Silvadene cream to his wounds. LPN #1 indicated client #1 still went to a wound clinic and			

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	was scheduled to go on 1/10/13 but the client did not go. LPN #1 indicated client #1's ordered Xenaderm had not been started. LPN #1 indicated she was seeking clarification with the Xenaderm. LPN #1 stated "I have asked pharmacy to send out consult." LPN #1 indicated she was not sure if Medicaid would pay for the Xenaderm. LPN #1 stated the Xenaderm was "expensive." LPN #1 indicated she failed to document the need to obtain clarification from the pharmacy and/or doctor. LPN #1 indicated the clarification and/or medication had not been obtained/started as of 1/15/13 at 1:50 PM. When asked if the LPN had assessed client #1's foot/ankle since 12/22/12, LPN #1 stated client #1 no longer had an open area as the client had a "scab" on the side of his great right toe and his left ankle was "back to normal with a pea size scab." LPN #1 indicated there was no documentation of her assessments. PC #1 and/or LPN #1 did not indicate the client's 7/2012 risk plan/protocol had been reviewed and/or updated to meet client #1's current healthcare needs in regard to his wound/skin breakdown. Interview with the DON on 1/15/13 at 2:45 PM indicated LPN #1 had been giving her updates on client #1's wounds on his feet. DON #1 indicated the LPN			

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	should have documented her assessments of the client. 3. A review of the facility's internal incident/accident reports was conducted at the facility's administrative office on 1/14/13 at 12:15 P.M.. Review of the reports indicated: Incident report dated 5/19/12: "[Client #2] was in behavior he was screaming, grunting. He went into bathroom where he continued his behavior. I heard some booming. I went to go see and he was hitting his head on the wall. I stopped him and he had a slight scratch on his head. Part B: Apply antibiotic ointment to the scrape on [client #2's] forehead. " Incident report dated 8/19/12: "Client (client #2) went into behavior and ran outside and banged head against brick wall of house. Part B: Received a phone call from DSP (Direct Support Professional) stating consumer was having behaviors and hit head into the wall. I told DSP to clean area and apply triple antibiotic ointment. I saw consumer that evening at the house noted area to be approximately 1 inch scratch, no further care needed. " A review of client #2's record was conducted at the facility's administrative			

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	office on 1/15/13 at 11:30 A.M.. Review of client #2's medical record failed to indicate any nursing assessment by the facility's nursing staff after the 5/9/12 incident. The record failed to indicate measures were put in place to give staff guidance on monitoring client #2 for any symptoms. 4. Incident Report dated 10/10/12 [Client #3]: "When staff walked to the back to check on clients. (sic) She found client on the floor behind the bed, which caused a bruise on the right arm from bed rails. Long bruise on right arm. Part B: Received a phone call from group home DSP stated client was found on floor behind the bed and his right arm had a bruise from the bed rail. Advised to monitor consumer often during the night in order to prevent this from happening again." BDDS report dated 10/10/12 [Client #3]: "I was informed by the Health and Safety Tech today that consumer (client #3) had stated he had fallen out of his bed this morning. Consumer received a bruise on his right arm." A review of client #3's record was conducted on 1/15/13 at 12:35 P.M.. Review of client #3's medical record indicated:			

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	Medical notation dated 7/20/12: "Informed by [Licensed Practical Nurse name] that she received a daily log from the house stating client (client #3) had a scratch 'by his left eye, of unknown origin.' Called and spoke to Health and Safety Tech, she assessed client and scratch. No scratch noted above, near or under left or right eye. Service Coordinator (SC) notified." Further review of the record failed to indicate nursing assessments were completed by the facility's nursing staff after the documented incidents. Further review of client #3's medical record indicated: Notation dated 5/2/12: "Client insurance inactive SC made aware, will reschedule lab drawn when insurance is active." Notation dated 5/31/12: "Client had Pod. (podiatrist) appointment today (sic) insurance inactive will reschedule appointment once insurance is active. SC is aware of client insurance being inactive." Notation dated 6/21/12: "Chemical basis drawn at [Lab name] results pending due to inactive insurance. SC notified of the client insurance."			

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	Notation dated 7/27/12: "Physical Therapy evaluation at [Hospital name] was not done due to there was no insurance." Notation dated 8/6/12: "The Gastroscopy procedure at [Hospital name] was canceled due to medicaid ineligibility." Notation dated 12/17/12: "consumer on a family leave therefore his annual physical will be rescheduled after January 4, 2013." Further review indicated a most current annual physical for client #3 was dated 12/21/11 which indicated to return in 1 year. An interview with the Licensed Practical Nurse (LPN) was conducted on 1/15/13 at 1:45 P.M.. The nurse indicated there was no documentation available for review to indicate the nursing staff assessed client #2 after his head banging incidents. When asked if the facility nursing staff assessed client #3 after each of the documented falls and noted injury of unknown origin, she stated "No." When asked if client #3 had a more current annual physical, she stated "No." When asked why client #3 did not go to the medical appointments, she stated "His insurance was ineligible." No documentation was submitted for review			

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	to indicate the facility's nursing staff provided nursing services for clients #1, #2 and #3's documented medical concerns. 9-3-6(a)			

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	15G699	A. BUILDING 00 B. WING	01/25/2013

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W0336	483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed for 2 of 2 sampled clients (clients #1 and #2) with medical conditions, to have quarterly nursing assessments completed in a timely fashion. Findings include: 1. A review of client #2's records was conducted on 1/15/13 at 11:30 A.M.. The record review failed to indicate the quarterly nursing assessments had been completed timely. Client #2's quarterly nursing assessments were dated 1/7/12, 4/12/12 and 7/13/12. Further review of client #2's record indicated he was not in need of a medical care plan and an annual physical dated 6/29/12. No further documentation was available for review to indicate client #2 had a nursing quarterly completed after 7/13/12. An interview with the Licensed Practical Nurse (LPN) was conducted on 1/25/13 at 10:00 A.M.. The LPN stated "Nursing assessments should be completed	W0336	The system for monitoring the completion of quarterly nursing assessments has been updated. To ensure future compliance, the Service Coordinator will check this tracking sheet to ensure all clients quarterly's assessments are completed in a timely manner.	02/24/2013

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	quarterly." No documentation was available for review in client #2's record to indicate a quarterly nursing assessment was completed after 7/13/12. 2. Client #1's record was reviewed on 1/15 13 at 11:31 AM. Client #1's quarterly nursing assessments were dated 1/6/12, 10/18/12 and and 12/22/12. Client #1 did not have any additional quarterly assessments in his record. Client #1's 8/27/12 Individual Support Plan indicated client #1 did not need a medical care plan. Client #1's 1/13 Medication Administration Record indicated client #1 received routine medications. An interview with the Licensed Practical Nurse (LPN) was conducted on 1/25/13 at 10:00 A.M.. The LPN stated "Nursing assessments should be completed quarterly." 9-3-6(a)			

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W0342	483.460(c)(5)(iii) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. Based on observation, interview and record review for 1 of 2 sampled clients (#1), the facility's nursing services failed to ensure staff were adequately trained in regard to a client's Foley Catheter. Findings include: The facility's reportable incident reports and/or investigations were reviewed on 1/14/13 at 12:03 PM. The facility's 1/7/13 reportable incident report indicated "Consumer (client #1) was seen as a walk-in patient at [name of doctor] office after being seen by MD (medical doctor) Consumer was then direct admit to the hospital. Consumer was a direct admit to [name of Hospital] for evaluation and treatment of difficult urinating. He had a stat bladder scan done for urinary retention. Foley catheter was put into place to relieve pressure of consumer's bladder...." Client #1's record was reviewed on	W0342	Staff training was not completed as the catheter was discontinued. The nurse manager has written guidelines put in place for the use of foley drainage equipment. The client is no longer using a foley catheter. Wound tracking and repositioning records are in place. To ensure future compliance, staff willl be trained as needed. Investigations will be conducted if neglect is suspected.	02/24/2013

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	1/15/13 at 11:31 AM. Client #1's 1/8/13 hospital Confidential Medication Information Enclosed record indicated client #1 was admitted to the hospital as the client could not urinate on 1/7/13. The sheet indicated client #1 was discharged back to the group home with a Foley Catheter. Client #1's 1/8/13 Health and Safety Memo (risk plan) from LPN #1 was provided and reviewed on 1/15/13 at 3:45 PM. The memo indicated the following: "Instructions for catheter care: -Keep the bag below the waist at all times -Bag needs to be hung on the frame of the bed at bedtime. It CANNOT be placed on the floor -Make sure the rubber tubing is 'free of kinks at all times'-Empty the bag into the white basin before bag is full -Measure the amount of urine using the marks on the basin and record it on the I & (and) O (intake & output) sheet daily -Make sure you wash your hands before and after emptying the catheter and wear gloves while handling the urine bag -If there is no urine output in 4 hours call your nurse immediately Instructions for leg bag:			

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	-Disconnect the plastic tubing from the catheter bag -Connect the tubing to the leg bag -Position the bag on the inside of the leg with the straps above and below the knee -Adjust the straps for a comfortable fit -Make sure the straps are not too tight and cutting off circulation -The leg bag is to be worn only during the day -Empty the leg bag every 2 hours as needed and record the output on the I & O sheet -If there is no urine output in 4 hours call your nurse immediately...S/S (Signs and Symptoms) for a client with a Foley: 1. Temperature greater than 101 2. Persistent nausea and vomiting 3. Redness, tenderness, or signs of infection, pain, swelling, redness, odor or green/yellow discharge around site 4. Severe uncontrolled pain 5. Difficulty breathing, headache or visual disturbance 6. Hives 7. Persistent headaches or visual disturbance 8. Extreme fatigue 9. Difficulty with or inability to urinate 10. Any other concerns call nurse." The facility's inservice/training records were reviewed on 1/15/13 at 1:12 PM.			

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	The facility's Staff Development Individual Training/Group Training Reports indicated LPN #1 trained staff #4 and #5 in regard to client #1's Foley Catheter and care on 1/9/13. The inservice records indicated LPN #1 trained day service staff #6, #7, #8 and #9 on 1/10/13. The facility's inservice records indicated LPN #1 trained staff #3 and #10 on 1/11/13. The facility's inservice records indicated staff #5 trained staff #1 on 1/14/13 but LPN #1 signed as the trainer. The facility's 1/9, 1/10, 1/11 and 1/14/13 inservice training records indicated the facility's nursing services failed to train staff #11 and #12 in regard to client #1's Foley Catheter and care. The facility's nursing services failed to ensure facility staff were adequately trained in regard to implementing client #1's risk plan/health memo to ensure staff informed the nurse of changes with the Foley catheter/client's health. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, staff #2 worked as the night awake staff at the group home. Interview with staff #1 on 1/15/13 at 6:45 AM indicated client #1 had a Foley Catheter. Staff #1 stated she was trained in regard to the client's catheter care "yesterday" (1/14/13). Staff #1 indicated			

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	she had been on vacation. When asked if there was a written protocol, staff #1 indicated she did not know. Staff #1 was not able to locate a written memo/protocol/risk plan in the home on 1/15/13. Interview with Program Coordinator (PC) #1 and LPN #1 on 1/15/13 at 1:50 PM indicated client #1 had been hospitalized for urinary retention. LPN #1 indicated client #1 was discharged from the hospital on 1/9/13 or 1/10/13. LPN #1 indicated client #1 saw his doctor on 1/7/13 and was admitted to the hospital on 1/7/13. LPN #1 indicated she assessed the client on 1/12/13 (Saturday) when she had the client sent to the ER. LPN #1 stated she stopped by the group home to check on client #1 when she noticed client #1's penis was "swollen, red with pus coming out of penis." LPN #1 stated "They (facility staff) did not call me. They should have called." LPN #1 and PC #1 indicated facility staff was trained in regard to the care of the Foley Catheter and when to call the nurse. PC #1 and LPN #1 indicated they were not aware staff #11 and #12 had not been trained in regard to client #1's Foley Catheter. Interview with staff #1 on 1/15/13 at 3:46 PM indicated the memo for client #1's Foley Catheter was found/located in the			

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	communication book at the group home on 1/15/13 at 3:46 PM. Interview with administrative staff #3 on 1/16/13 at 12:10 PM, by phone, indicated staff #3 and #10 worked on 1/12/13 (Saturday) with client #1 at the group home. Administrative staff #3 indicated staff #3, #5 and #10 worked on 1/11/13 (Friday) at the group home. The above mentioned inservice/training records indicated staff #3, #5 and #10 had been trained in regard to client #1's Foley Catheter protocol/risk plan, but failed to call the nurse in regard to client #1's health status change. 9-3-6(a)			

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W0369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, interview and record review for 1 of 28 doses administered, the facility failed to administer client #2's medication without error. Findings include: During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, client #2 did not receive any nasal medication/treatment at the morning medication pass at 6:35 AM. Client #2's Medication Administration Record (MAR) was reviewed on 1/15/13 at 8:10 AM. Client #2's 1/13 MAR indicated client #2 was to receive Fluticasone spray (allergies) 1 to 2 sprays in each nostril daily in the AM (morning). The 1/13 MAR medication was not initialed as administered. Client #2's record was reviewed on 1/5/13 at 11:30 AM. Client #2's 7/10/12 physician's order indicated client #2 was to receive the Fluticasone daily in the AM.	W0369	Group home staff will be re-trained on medication administration. To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months and monthly thereafter	02/24/2013

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	Interview with staff #1 on 1/15/13 at 8:25 AM indicated client #2 did not receive the Fluticasone nasal spray at the morning medication pass. Staff #1 stated "I will give it right now." 9-3-6(a)			

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W0436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on record review and interview, the facility failed to assure the repair of adaptive equipment for 2 of 3 clients (clients #1 and #4) who used a wheelchair for mobility. Findings include: 1. A review of the facility's internal incident/accident reports was conducted on 1/14/13 at 12:15 P.M.. Review of the reports indicated: Incident report dated 9/21/12: "[Client #1]'s brake on the right side of his wheelchair is broken and will not lock." A review of client #1's record was conducted on 1/15/13 at 11:31 A.M.. Review of client #1's record indicated he used a wheelchair at all times for mobility. The record failed to indicate client #1's wheelchair had repairs completed to his wheelchair. An interview with the Service	W0436	Client #1 & 4 had their foot rest and brakes repaired on 1/18/13. Client #4 cushion is in the process of being repaired.To ensure future compliance, wheelchairs will be repaired as needed.	02/24/2013

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	Coordinator (SC) was conducted on 1/16/13 at 12:15 P.M.. The SC indicated she was not aware of client #1's wheelchair needing repairs. 2. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, client #4 utilized a wheelchair for ambulation. Interview with client #4 on 1/15/13 at 10:28 AM indicated his wheelchair needed to be repaired. Client #4 indicated the foot rests would not stay up when he raised them to get up from the wheelchair. Client #4 indicated he needed his brakes to be worked on as they did need repair. Client #4 also stated he needed a "soft cushion" for his wheelchair. Client #4 indicated he had told Program Coordinator (PC) his wheelchair needed work. Client #4's record was reviewed on 1/15/13 at 12:48 PM. Client #4's 12/9/12 Individual Support Plan indicated client #4 utilized a wheelchair for mobility. The ISP also indicated the client utilized a gait belt and was to get out of his wheelchair and walk daily. Client #4's ISP and/or record did not indicate the clients wheelchair was to be repaired. Interview with PC #1 on 1/16/13 at 12:20 PM, by phone, indicated she was not			

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	aware client #4's wheelchair needed to be repaired until yesterday morning (1/15/13). PC #1 indicated client #4 had a cushion but chose not to use it. PC #1 indicated client #4 did not have a program in place to teach the client to use the cushion. PC #1 stated "He fixates on wheelchairs." 9-3-7(a)			

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W0460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 1 of 2 sampled clients (client #2), the facility failed to assure the staff provided food in accordance with the client's diet order. Findings include: An evening observation was conducted at the group home on 1/14/13 from 5:00 P.M. until 6:15 P.M.. At 5:30 P.M., Direct Support Professional (DSP) #1 went into the refrigerator and retrieved a red apple and handed it to client #2, who ate the apple. Client #2's apple was not of a chopped texture. During the 1/15/13 observation period between 5:30 AM and 8:10 AM, at the group home, client #2 walked around the group home eating a whole apple staff #2 gave the client for breakfast. The staff did not chop and/or cut up client #2's apple. At 7:10 AM, staff #1 cut up a second apple into bite size pieces, and gave the apple to client #2 to eat at the table. A review of client #2's record was	W0460	Group home staff will be re-trained on client #2 diet (ground meats and chopped foods).To ensure future compliance, Service Coordinator will monitor twice monthly for 3 months and monthly thereafter.	02/24/2013

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	conducted on 1/15/13 at 11:30 A.M.. Review of the record included a nutritional assessment dated 1/27/12 which indicated he was on a chopped diet with ground meats. An interview with the Service Coordinator (SC) was conducted on 1/15/13 at 2:10 P.M.. The SC indicated client #2's apples should have been chopped as his diet order indicated. The SC further indicated staff should ensure clients are eating their recommended diets. 9-3-8(a)			